

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/09/2015
NAME OF PROVIDER OR SUPPLIER MEADOWS MENNONITE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 24588 CHURCH STREET CHENOA, IL 61726		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Final Observations</p> <p>Incident Report Investigation to Incident of 10/1/2015 IL80567 - F-224 and F-323</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.2210b)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal</p>	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/26/15

Illinois Department of Public Health

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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.2210 Maintenance</p> <p>b) Each facility shall:</p> <p>3) Maintain all electrical cords and appliances in a safe and functioning condition.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to enact their policy on unapproved electrical devices and failed to provide an environment free from hazards and risks by allowing prohibited electrical devices (space heater and extension cord) in a bedroom which resulted in a fire and injury to R7. This failure has the potential to cause serious injury and death to R7 and 11 residents (R3 and R8-17) residing on the unit.</p> <p>Findings include: The Facility policy, " Electrical Safety " dated 2/12/2015 documents; " It is the policy of (facility)</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>to provide a physical environment free from electrical hazards to residents, personnel and visitors by following guidelines established by regulatory agencies. All electrical equipment and installation shall be initially inspected by the Maintenance Department personnel with documentation on file and shall be regularly inspected and maintained.</p> <p>The Facility's "Do Not Bring in List" is not dated and documents, "For your safety, We have developed our 'Do not Bring In List'; Old prescriptions medications, pets, alcohol, tobacco products or smoking paraphernalia, lighters, flammable chemicals, over-the- counter medications, excessive amounts of cash, irreplaceable documents, checkbooks, credit cards, jewelry of monetary or sentimental value, unapproved electrical items, i.e. heating pads, space heaters, extension cords, etc., pointed scissors, and weapons..., walker, canes that have not been fitted.. "</p> <p>The "Fire Report" dated 10/2/2015 documents, "On 10/1/2015 at 9:25PM, the smoke detector in (R7 's room) went off and tripped the fire alarm systemI (E17 Director of Support Services/Maintenance Supervisor) arrived at the building, checked the annunciator panel. It read smoke detector in (R7's room)Upon arriving at (R7's room) all the residents in the immediate area [R3 and R7-17] had been evacuated to safety behind the Fire Doors. (E17) talked to a CNA... she explained to me that she used the fire extinguisher to put it out. Upon entering the room (R7's room) there was smoke in the room ...Opened a window to let air out the room (R7's room). The Fire Department arrived around 9:35(PM). We found a three way plug adapter plugged into a small ceramic heater. The cord was melted. By policy, these are not allowed in</p>	S9999			

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S9999	Continued From page 3 our buildingRoom checks are performed every month for safety ...In our admission process, resident and family members are informed of items that are not allowed to be brought into the building. We will be sending a reminder notice out to all the families within a week with a list of items that for safety reasons are not permitted. All housekeepers have been instructed to scan each room during their daily routines for safety issues and monthly room inspections by maintenance staff continues." The Fire report was signed by E17. On 10/2/2015 at 12:10PM, E13 Certified Nurse Aide (C.N.A.) stated she was in the hallway when the alarm went off. E12 Registered Nurse (RN) directed us (all available staff) to (R7 ' s room). E13 entered the room and saw R7 trying to put the fire out with his hands. We evacuated R7 and then the other residents to behind the fire doors. E14 C.N.A. took the fire extinguisher and put out the fire. On 10/2/2015 at 2:30PM, E16 C.N.A., verified the residents who were exposed to smoke and potential for harm and death as a result of the fire on 10/1/15 were: R3, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16 and R17. On 10/6/2015 at 1:05Pm, E15 C.N.A. stated, "On 10/1/2015, I sat down to do my charting and the alarm went off. E12, Registered Nurse directed us (all available staff) to (R7's room). I felt the door to see if it was hot then opened the door and smoke started rolling out. The resident (R7) said, 'I have a fire.' We got the resident (R7) out of the room. I took the fire extinguisher from another C.N.A., who was struggling with the pin, and extinguished the fire. There was a flame, in the corner, by the outlet. It was hard to see because of all the smoke. After we got (R7) out of the room, I sprayed it again, just to make sure it was out. Then we evacuated everyone elseI know there isn't supposed to be any space	S9999			

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Continued From page 4

S9999

heaters, electric blankets or extension cords. I was never in-serviced on a "Do Not Bring List". On 10/6/2015 at 11:20AM, Z3, local Fire Chief, stated, "It (the fire) could have been real bad. The space heater was plugged into an under rated extension cord that ran behind the dresser. There was a roll of packing paper behind the dresser. We are fortunate the extension cord melted beside the dresser instead of behind the dresser. It would have caught the paper, dresser and wall on fire." Z3 confirmed it would have been tragic and we all would have been there a lot longer if that had happened."

On 10/02/15 at 2:35PM, E12 RN, stated he saw R7 had in his room and was using an space heater connected to an extension cord and did not remove it from use. E12 stated R7 said, "Administration knows I have it and said it was ok." E12 stated, "I took him at his word and left it (the space heater) there." E12 stated that he did not verify R7 's statement with facility administration.

On 10/02/15 E1/Administrator and E17/Maintenance Supervisor both verified that they were unaware that R7 had a space heater or extension cord.

On 10/6/2015 at 11:00AM, Z2, R7's daughter stated, "(R7) has had the space heater for a long time. He had it in the Shelter Care room. I am sure someone knew he had it because he used it all the time and they clean his room every day." Z2 stated she was R7's "responsible party " and has never been told R7 could not have a space heater or extension cord."

On 10/7/2015 at 10:00AM, E1 verified the Shelter Care Room R7 resided in is attached to the building and is still licensed as a Shelter Care bed.

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S9999	<p>Continued From page 5</p> <p>On 10/2/2015 at 9:45AM, a charred area was observed on the floor next to the wall in R7's room. R7's room had a smoky odor. E17 was in R7's room and stated the linoleum tile was melted to the floor. E17 held up the extension cord and stated it was melted in half.</p> <p>On 10/2/2015 at 10:10AM, a brown extension cord was observed connecting the television to the bedroom wall electrical outlet in R12's room.</p> <p>On 10/2/2015 at 10:00AM, R7 was in the family room and verified he had a fire in his room the night before. R7 stated, "It was an accident. I have this heater because I get cold after my shower and at night. They don't turn the heat on around here until October 1st and I get cold. I knew I wasn't supposed to have it because another fellow (un-named resident) wanted one when I told him I had one (a heater). He tried to get one and was told "no". He told me I should not have one either. I kept mine though." R7 stated, "I saw the fire and tried to put it out with my hand." When asked if he was injured, R7 held up his hand which had a blister in the inside of his right index finger. R7 stated, "It doesn't hurt." At 10:30AM R7 stated he had "worked on" the cord because it did not fit into the extension cord right. R7 pointed to the larger end of the plug as he was talking about 'working on it' stating he had tried to 'whittle it down' but still couldn't make it work, so he taped it.</p> <p>R7's last Minimum Data Set on 9/6/2015 documents his cognitive level is moderately impaired.</p> <p>On 10/6/2015 at 3:30PM, E6 Minimum Data Set Coordinator, MDSC, verified the residents who were at risk and had to be evacuated on 10/1/15 to a safe area were: R16 who is completely dependent on staff for transfer and mobility. R3, R10, R17, R12, R13 and R14 who require</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>extensive assist of two CNAs for transfer and mobility. R9 and R15 who require extensive assist of one C.N.A. for transfer and mobility. R11 and R8 who require limited assistance for one C.N.A for transfer and mobility and R7 who requires supervision.</p> <p>On 10/6/2015 at 12:05 PM, E1, Administrator stated, "there has not been any in-service training on the " Do Not Bring In list. To my knowledge, there has not been any mass mailing to the families and residents related to this list either."</p> <p>On 10/2/2015 the space heater box documents the heater is rated: 120 Volts, 12.5 Amps and 60 Hz and documents directions on the side of the box, " Always plug heaters directly into a wall outlet/receptacle. Never use with an extension cord or relocatable power tap (outlet/power strip)Keep combustible materials, such as furniture, pillows, bedding, papers, clothes, and curtains at least 3 feet from the front of the heater and keep them away from the sides and rear.</p> <p>On 10/7/2015 at 10:00AM, E1 Administrator, stated the Maintenance staff have to approve all electrical devices and if the device is a potential risk. Currently, the Maintenance staff performs a sweep through the facility the last two days of the month for unauthorized electronic devices.</p> <p>Facility Data Sheet dated 9/30/2015 documents the facility has 105 residents living at the facility.</p> <p>(A)</p>	S9999			



Attachment B Imposed Plan of Correction

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

IMPOSED PLAN OF CORRECTION

NAME OF FACILITY: Meadows Mennonite Home

DATE AND TYPE OF SURVEY: Incident Report Investigation of 10/1/15/IL80567 conducted October 9, 2015

300.610a)
300.1210b)
300.1210d)6)
300.2210b)3)
300.3240a)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1210 General Requirements for Nursing and Personal Care

b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.2210 Maintenance

b) Each facility shall:

3) Maintain all electrical cords and appliances in a safe and functioning condition.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

This will be accomplished by:

- I. All resident rooms will be inspected to determine safety risk related to electrical and environmental hazards. All safety hazards will be immediately rectified.
- II. All policies and procedures related to resident safety and electrical safety will be evaluated and revised as needed to ensure compliance with Illinois Skilled Nursing and Intermediate Care Facilities Code. The facility will develop and implement an action plan for staff to follow when prohibited electrical equipment is discovered in the facility. The facility will develop and implement an action plan for notifying residents and families of prohibited electrical equipment.
- III. The maintenance department will conduct monthly checks for electrical hazards. All facility staff will remain alert to safety risks related to electrical hazards and immediately rectify identified hazards. The facility will consult with the manufacturer and/or supplier of electrical equipment in resident's rooms to ensure effective operation and maintenance.
- IV. All facility staff will be in-serviced on policies and procedures pertaining to resident safety, electrical safety, how to identify an electrical hazard, appropriate actions to take when an electrical hazard or prohibited electrical equipment is identified, and action plan for notifying resident/resident families of prohibited electrical equipment.
- V. Documentation of in-service training, inspections, policy and procedure review and development, and related follow up actions will be maintained by the facility.
- VI. The Administrator and QA committee will monitor items I through IV to ensure compliance with this Imposed Plan of Correction.

COMPLETION DATE: Within 10 days of receipt of this notice.

11/12/15/16

Attachment B Imposed Plan of Correction